PATENT APPLICATION

SUBSTITUTE DECLARATION AND POWER OF ATTORNEY

ATTORNEY DOCKET NO. MSFT-0677

MS DOCKET NO. 183204.01

As a below named inventor, I hereby declare that:

My residence/post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: METHOD AND SYSTEM FOR MANAGING SOFTWARE COMPONENTS

the specification of which is filed herewith unless the following box is checked:

was filed on May 28, 1999 as US Application Serial No. or PCT International Application Number 09/322,852 and was amended on November 14, 2001, September 10, 2003, January 26, 2004, May 21, 2004 and September 24, 2004 (if applicable);

I hereby state that I have reviewed and understood the contents of the above-identified specification, including the claims, as amended by any amendment(s) referred to above. I acknowledge the duty to disclose all information which is material to patentability as defined in 37 CFR § 1.56.

Foreign Application(s) and/or Claim of Foreign Priority

I hereby claim foreign priority benefits under Title 35, United States Code Section 119 of any foreign application(s) for patent or inventor(s) certificate listed below and have also identified below any foreign application for patent or inventor(s) certificate having a filing date before that of the application on which priority is claimed:

COUNTRY	APPLICATION NUMBER	DATE FILED	PRIORITY CLAIMED UNDER 35 U.S.C. § 119
			YES: NO:
			YES: NO:

POWER OF ATTORNEY:

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) associated with

to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Send Correspondence to:

Contact Name: Steven J. Rocci Firm Name: Woodcock Washburn, LLP Firm Address: One Liberty Place, 46th Floor

City, State and Zip: Philadelphia, PA 19103

Direct Telephone Calls To:

Contact Name: Thomas E. Watson Contact Phone Number: 206-332-1380

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of Inventor: Richard Hasha

Citizenship: United States of America

Residence: Seattle, Washington

Post Office Address: 210 Boylston Avenue E.; #106
Seattle, Washington 98102

Inventor's Signature

Date

Full Name of Inventor: Stephen Springmeyer

Residence: Bellevue, Washington

Post Office Address: 3026 127th Avenue N.E.
Bellevue, Washington 98005

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Inventor's Signature

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Full Name of Inventor: Richard Hasha	Citizenship: United States of America	
Residence: Seattle, Washington		
Post Office Address: 210 Boylston Avenue E.; #106 Seattle, Washington 98102		
Athe Med	12/9/2004	
Inventor's Signature	Date //	
Full Name of Inventor: Stephen Springmeyer	Citizenship: United States of America	
Residence: Bellevue, Washington		
Post Office Address: 3026 127th Avenue N.E. Bellevue, Washington 98005		

Date

AUG 1 8 2005

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